

**CBS TELEVISION STATIONS
PUBLIC FILE**

DATE: 9/5/12



CONTACT: Lynne Morrison
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978 368 7716

AGENCY: Petta Ryan & Co
200189 117 Sterling Street
Clinton, MA



TEL: 508 397 8747
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2012 MA PRIMARY/GENERAL ELECTION
MASSACUSETTS STATE BALLOT ISSUE
CANDIDATE:
OFFICE:

Political Party:

COMMITTEE: **COMMITTEE AGAINST PHYSICIAN**
339539 **ASSISTED SUICIDE**

Address: One Beacon Street
Suite 1320
Boston, MA

TEL: 617 720 5090
FAX: 617 720 5092
WEB:

Chairman: Richard Goldstein, Esq
Committee Chair and Treasurer

Treasurer:

Nature of Request:
8/27/12

Disposition of Request: { X } Program Availabilities { X } Rates

Disposition of Request for Legally Qualified Candidates { } Rates Lowest Unit Rates
{ } Disclosures

If the invoice has not been placed in this file at the time of request, information as the precise times and dates on which particular spots were aired may be immediately obtained from the stations program logs upon request during station business hours

The Committee Against Physician Assisted Suicide

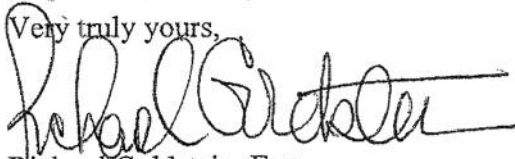
**One Beacon Street, Suite 1320, Boston MA 02108
(617)-720-5090 – Telephone
(617)-720-5092 – Fax
OCPF ID No. 95380**

July 23, 2012

To Whom It May Concern:

Please accept this letter as confirmation that the Committee Against Physician Assisted Suicide (OCPF ID No. 95380) has secured the professional services of Petta Ryan & Company ("Petta Ryan") of Natick, Massachusetts, and hereby authorizes Petta Ryan to represent our campaign and to research, negotiate, retain, and purchase advertising on our behalf.

Very truly yours,

A handwritten signature in black ink, appearing to read "Richard Goldstein", with a horizontal line extending from the end of the signature.

Richard Goldstein, Esq.
Committee Chair and Treasurer

cc: Joseph Baerlein, Rasky Baerlein

AGREEMENT FORM FOR NON-CANDIDATE/ISSUE ADVERTISEMENTS

Station and Location:	Date:
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I, Petta Ryan
do hereby request station time concerning the following issue:

Physician Assisted Suicide

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks

Total Charges:

This broadcast time will be used by: The Committee Against Physician Assisted Suicide

Does the programming (in whole or in part) communicate "a message relating to any political matter of national importance?"	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

For programming that "communicates a message relating to any political matter of national importance," list the name of the legally qualified candidate(s) the programming refers to, the office(s) being sought and the date(s) of the election(s) (if applicable):

For programming that "communicates a message relating to any political matter of national importance," attach Agreed Upon Schedule (Page 3)

I represent that the payment for the above described broadcast time has been furnished by:

The Comm. Against Physician Assisted Suicide

and you are authorized to announce the time as paid for by such person or entity. The entity furnishing the payment, if other than an individual person, is:

☐ a corporation; ☒ a committee; ☐ an association; ☐ or other unincorporated group.

The names, offices, and addresses of the chief executive officers, directors, and/or authorized agents of the entity are named below (may be attached separately):

I agree to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, that may ensue from the broadcast of the above-requested advertisement(s). For the above-stated broadcast(s), I also agree to prepare a script, transcript, or tape, which will be delivered to the station at least _____ before the time of the scheduled broadcasts.

TO BE SIGNED BY ISSUE ADVERTISER

9/4/12 *Lyne M. Morris* 978-368-7716
Date Signature Contact Phone Number

TO BE SIGNED BY STATION REPRESENTATIVE

☐ Accepted ☐ Accepted in Part ☐ Rejected

Signature Printed Name Title